

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004790</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>IROQUOIS RESIDENT HOME, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 FAIRMAN AVENUE WATSEKA, IL 60970</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Initial Comments  Annual Licensure and Certification Survey	S 000			
S9999	Final Observations  <p><b>STATEMENT OF LICENSURE VIOLATIONS:</b>  Section 300.650 Personnel Policies  d) The facility shall check the status of all  applicants with the Health Care Worker Registry  prior to hiring.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility  failed to check the status of all employment  applicants on the Health Care Worker Registry  prior to hiring. This failure has the potential to  affect all 29 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility Abuse Policy dated as reviewed  3/2016 documents "Conduct pre-employment  screenings of employees..." The Hiring Transfers  and Promotions policy dated 12/2013 documents  "...an applicant who is not a current employee  must..complete...criminal background  check..before the applicant is hired ....." The  policy does not address checking all employees  status on the Health Care Worker Registry prior  to hiring.</p> <p>The undated list of new employees documents  the following:</p> <p>E16, Therapy was hired on 4/13/16.  E14, Food Services was hired on 4/27/16.  E15, Housekeeping was hired on 5/16/16.</p>	S9999			

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>On 6/8/16 at 10:15am E13 verified that E16, E14 and E15's status was not checked on the Health Care Worker Registry prior to hiring. E13 stated, E16, E14 and E15's status on the registry was checked 6/8/16.</p> <p>E13 stated they are only checking the status of Certified Nurse Aides on the Nurse Aide Registry (Health Care Worker Registry) prior to hiring, not any other new employees.</p> <p>On 6/9/16 at 10:35am E2, Director of Nursing and E1, Administrator verified that E16, E14 and E15 could potentially work on the unit. E1 stated that E15 no longer works here, but did train on the unit.</p> <p>The Resident Census and Conditions of Residents form dated 6/6/16 documents of residents documents that 29 residents reside in the facility.</p> <p>(B)</p>	S9999		